



Department of

Veterans Services

Eligibility Verification Reports (EVR's) Medical Expense Reports

Eligibility Verification Reports and Medical Expense Report

REGULATIONS APPLICABLE TO THE IMPROVED PENSION PROGRAM WHICH BECAME EFFECTIVE JANUARY 1, 1979

38 CFR 3.271 – 3.279

M21-1 PART IX

**VA Form 21p-0510 ELIGIBILITY VERIFICATION
REPORT INSTRUCTIONS**

Eligibility Verification Report

- WHAT IS AN ELIGIBILITY VERIFICATION REPORT?
- ***3.277 (c) Eligibility verification reports.***

(1) For purposes of this section the term eligibility verification report means a form prescribed by the Secretary that is used to request income, net worth, dependency status, and any other information necessary to determine or verify entitlement to pension.

Eligibility Verification Report-Medical Expense Report

§ 3.277 Eligibility reporting requirements.

(a) ***Evidence of entitlement.*** As a condition of granting or continuing pension, the Department of Veterans Affairs may require from any person who is an applicant for or a recipient of pension such information, proofs, and evidence as is necessary to determine the annual income and the value of the corpus of the estate of such person, and of any spouse or child for whom the person is receiving or is to receive increased pension (such child is hereinafter in this section referred to as a *dependent child*), and, in the case of a child applying for or in receipt of pension in his or her own behalf (hereinafter in this section referred to as a surviving child), of any person with whom such child is residing who is legally responsible for such child's support.

Eligibility Verification Report-Medical Expense Report

(b) ***Obligation to report changes in factors affecting entitlement.*** Any individual who has applied for or receives pension must promptly notify the Secretary **of any change** affecting entitlement in any of the following:

(1) Income;

(2) Net worth or corpus of estate;

(3) Marital status;

(4) Nursing home patient status;

(5) School enrollment status of a child 18 years of age or older; or

(6) Any other factor that affects entitlement to benefits under the provisions of this Part.

Eligibility Verification Report-Medical Expense Report



We're paying you as a single veteran with no dependents.

The attached income breakdown shows the annual income and expense amounts we used when determining your rate of pension.

How We Figure Your Pension

Your pension rate depends on your income and the number of your dependents.

Medical expenses that you paid may be used to reduce the income we count. Please keep receipts for your medical expenses. We may need them.

What Are Your Responsibilities?

You should tell us right away if any one of the following happens:

- your income changes (i.e., earnings, Social Security Benefits, lottery winnings)
- you gain a dependent
- your net worth increases (cash, bank accounts, investments, and real estate except your home)
- you move

Eligibility Verification Report-Medical Expense Report

(c) ***Eligibility verification reports.***

(1) For purposes of this section the term eligibility verification report means a form prescribed by the Secretary that is used to request income, net worth, dependency status, and any other information necessary to determine or verify entitlement to pension.

(2) The Secretary may require an eligibility verification report under the following circumstances:

(i) If the Social Security Administration has not verified the beneficiary's Social Security number and, if the beneficiary is married, his or her spouse's Social Security number;

Eligibility Verification Report-Medical Expense Report

(ii) If there is reason to believe that the beneficiary or his or her spouse may have received income other than Social Security during the current or previous calendar year; or

(iii) If the Secretary determines that an eligibility verification report is necessary to preserve program integrity.

(3) An individual who applies for or receives pension as defined in § 3.3 of this part **shall, as a condition of receipt or continued receipt of benefits, furnish the Department of Veterans Affairs an eligibility verification report upon request.**

Eligibility Verification Report-Medical Expense Report

(d) If VA requests that a claimant or beneficiary submit an eligibility verification report but he or she fails to do so within **60 days** of the date of the VA request, the Secretary shall suspend the award or disallow the claim.

(Authority: 38 U.S.C. 1506)

Eligibility Verification Report-Medical Expense Report

- CAUSES OF OVER PAYMENTS:
- FAILURE TO REPORT CHANGES.
(SPOUSE STARTS RECEIVING SOCIAL SECURITY,
START RECEIVING MEDICAID)
- **MOVED** FROM ONE FACILITY ANOTHER.
- REQUEST FOR DEPENDENCY VERIFICATION.
- **DEATH** OR DIVORCE OF A SPOUSE.

Eligibility Verification Report-Medical Expense Report

- **ALWAYS REMIND CLAIMANTS TO REPORT CHANGES TO VA IN A TIMELY MANNER, AND TO ALWAYS KEEP RECEIPTS**
- VA may require you to verify the amounts you paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of your claimed medical expenses when VA asks you to do so, your benefits may be retroactively reduced or discontinued.
 - **PHONE CALLS TO THE VA OR JUST TELLING THE FIELD EXAMINER ARE NOT ENOUGH.**
 - **FILL OUT CORRECT FORMS IN A TIMELY MANNER.**

Eligibility Verification Report

- FORMS FOR AN ELIGIBILITY VERIFICATION REPORT (21-0516-1, 21-0518-1 AND 21-8416)
- PRIOR TO 2012-SUBMISSION WAS AN ANNUAL REQUIREMENT DUE FIRST MONDAY OF MARCH.
- DEC 20, 2012-THE DEPARTMENT OF VA ANNOUNCED THAT CLAIMANTS WILL NO LONGER HAVE TO COMPLETE AN ANNUAL ELIGIBILITY VERIFICATION REPORT (EVR).

Eligibility Verification Report

- VA FORMS 21-0516-1, 21-0518-1, ETC. ARE USED TO LET THE VA KNOW ALL FINANCIAL DATA FOR THE PERIODS COVERED

OMB Control No. 2900-0101
Respondent Burden: 30 minutes
Expiration Date: 07/31/2024

Expiration Date: 07/31/2024

| | | | |
|--|--|---|--|
| FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN | |  Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH NO CHILDREN) 6 | |
| YOUR COMPLETE MAILING ADDRESS | | VA FILE NUMBER | |
| | | VA REGIONAL OFFICE RETURN ADDRESS | |
| <p>FEES FOR CLAIMS - Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.</p> <p>IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21P-0510) prior to completing this form.</p> | | | |
| 1A. YOUR SOCIAL SECURITY NUMBER | | 1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER | |
| 1C. FIRST, MIDDLE, LAST NAME OF SPOUSE | | 1D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.) | |
| <p>2. MARITAL STATUS (Check only one box)</p> <p>(1) <input type="checkbox"/> MARRIED-LIVING WITH SPOUSE (You are legally married and you live with your spouse or are separated for medical reasons.)</p> <p>(2) <input type="checkbox"/> MARRIED-NOT LIVING WITH SPOUSE (You are legally married but estranged from your spouse.) Show the amount you contributed to your spouse's support during the last 12 months \$ _____ If you separated within the last 12 months, show the date of separation _____</p> <p>(3) <input type="checkbox"/> NOT MARRIED (You have never married or are now divorced or widowed.) If your marriage ended within the last 12 months, show the date of divorce or death _____</p> | | | |
| <p>3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions, VA Form 21-0510)</p> <p>IN YOUR CUSTODY _____ NOT IN YOUR CUSTODY _____</p> <p>AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ _____</p> | | | |
| 4A. ARE YOU A PATIENT IN A NURSING HOME? | | 4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include Zip Code) | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," Complete Items 4B thru 4D. If "No," go to Item 5.) | | | |
| 4B. SHOW THE DATE YOU ENTERED THE NURSING HOME | | | |
| 4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 4E. SHOW THE DATE YOUR MEDICAID COVERAGE STARTED | | | |
| 5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," write in the VA file number of the other benefit.) _____ | | | |

VA FORM 21P-0516-1 JUL 2021 SUPERSEDES VA FORM 21P-0516-1, JUN 2018, WHICH WILL NOT BE USED. Page 1

| | | | |
|---|--|--|--|
| FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN | |  Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE WITH NO CHILDREN) 8 | |
| FIRST NAME - MIDDLE NAME - LAST NAME OF SURVIVING SPOUSE | | VA FILE NUMBER | |
| COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE | | VA REGIONAL OFFICE RETURN ADDRESS | |
| <p>IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21P-0510) prior to completing this form.</p> | | | |
| 1A. YOUR SOCIAL SECURITY NUMBER | | 1B. VETERAN'S SOCIAL SECURITY NUMBER | |
| 1C. YOUR DATE OF BIRTH (Mo., day, yr.) | | | |
| <p>2. YOUR MARITAL STATUS (Check only one box)</p> <p>(1) <input type="checkbox"/> I HAVE NOT REMARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.)</p> <p>(2) <input type="checkbox"/> I REMARRIED ON _____ (Date) AND I AM STILL MARRIED (You married after the veteran's death and you are currently married. Enter the date you married your current spouse.)</p> <p>(3) <input type="checkbox"/> I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (You remarried but you are not currently married. Show the date your latest marriage ended.)</p> | | | |
| <p>3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions)</p> <p>IN YOUR CUSTODY _____ NOT IN YOUR CUSTODY _____</p> <p>AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ _____</p> | | | |
| 4A. ARE YOU A PATIENT IN A NURSING HOME? | | 4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include Zip Code) | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," Complete Items 4B thru 4D. If "No," go to Item 5.) | | | |
| 4B. SHOW THE DATE YOU ENTERED THE NURSING HOME | | | |
| 4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 5. DID YOU RECEIVE ANY WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," write in the VA file number of the other benefit.) _____ | | | |

VA FORM 21P-0518-1 JUL 2021 SUPERSEDES VA FORM 21P-0518-1, JUN 2018, WHICH WILL NOT BE USED. Page 1

Eligibility Verification Report

- **3.271 Computation of income.**
- (a) **General.** Payments of any kind from any source shall be counted as income during the 12-month annualization period in which received unless specifically excluded under § 3.272.
- (Authority: 38 U.S.C. 501)
- (1) **Recurring income.**
- (2) **Irregular income.**
- (3) **Nonrecurring income.**

Eligibility Verification Report

- IF YOU LIST INCOME IN SECTION 7A, YOU DO NOT NEED TO LIST IT IN SECTION 7B.
- SECTION 7C-ALWAYS LIST WHAT CHANGED AND DATE IT CHANGED.
- RECOMMEND YOU ALWAYS USE NONE OR A “0”. **NEVER USE N/A**
- USE DATES VA PROVIDES OR FOLLOW M21-1 PART IX SUBPART I CHAPTER 3 SECTION B (2) (D & E)

| 7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions) | | | | |
|--|---|----------------|---|----------------|
| GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" OR "0.") | | | | |
| SOURCE | VETERAN | | SPOUSE | |
| SOCIAL SECURITY | \$ | 1,605.20 | \$ | |
| U.S. CIVIL SERVICE | | 0.00 | | |
| U.S. RAILROAD RETIREMENT | | 0.00 | | |
| BLACK LUNG BENEFITS | | 0.00 | | |
| MILITARY RETIREMENT | | 0.00 | | |
| OTHER (Show Source) | | 0.00 | | |
| OTHER (Show Source) | | 0.00 | | |
| 7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions) | | | | |
| If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" OR "0." | | | | |
| NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column. | | | | |
| SOURCE | VETERAN | | SPOUSE | |
| | FROM: 01/01/2020 THRU: 12/31/2020 | FROM: THRU: | FROM: THRU: | FROM: THRU: |
| GROSS WAGES FROM ALL EMPLOYMENT | \$ | 0.00 | \$ | |
| TOTAL INTEREST AND DIVIDENDS | | 51.02 | | |
| ALL OTHER (Show Source) | | 1,400.00 | | |
| | IRA Disbursement | | | |
| ALL OTHER (Show Source) | | 16,800.00 | | |
| | State Street Ret | | | |
| 7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.) | | | | |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.) | | | | |
| 7D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.) | 7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed) | | 7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance) | |
| Spouse Social Security stopped | 01012020 | | Spouse's death | |
| 7G. NET WORTH (Read Paragraph 5 of the EVR Instructions) | | | | |
| SOURCE | VETERAN | | SPOUSE | |
| CASH/NON- INTEREST-BEARING BANK ACCOUNTS | \$ | 25,000.00 | \$ | |
| INTEREST-BEARING BANK ACCOUNTS | | 0.00 | | |
| IRA'S, KEOGH PLANS, ETC. | | 37,000.00 | | |
| STOCKS, BONDS, MUTUAL FUNDS, ETC. | | 0.00 | | |
| REAL PROPERTY (Not your home) | | 0.00 | | |
| ALL OTHER PROPERTY | | 0.00 | | |
| 8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions) | | | | |

Eligibility Verification Report

IX.i.3.B.2.d. Recording From/Thru Dates on Pension EVR Forms

Generally, when filling out the *from/thru* spaces on EVR forms, for the

- *from* date space, write the
 - date of pension entitlement, if known, or
 - current date, if the date of pension entitlement is not known, and
- *thru* date space, write the date that is 12 months from the end of the month of the *from* date.

Example: If a surviving spouse's entitlement is based on the date of claim, which is October 28, 2013, write

- 10/28/13 as the *from* date, and
- 10/31/14 as the *thru* date.

Eligibility Verification Report

IX.i.3.B.2.e. Recording From/Thru Dates on Pension EVR Forms According to Development Period

Two sets of spaces for *from/thru* dates are provided on Pension EVR forms. If the development period covers

- less than six months
 - write the *from/thru* dates in just one of the spaces, and
 - draw a line through the other space, or
- more than six months, write the *from/thru* dates in both spaces, with the *from/thru* dates on the right-hand side of the form being used for the calendar year following the first date on the left-hand side of the form.

Example: If the date of entitlement is October 28, 2013, and the form is being dispatched on August 7, 2014 (more than six months later), write

- **10/28/13 and 10/31/14** as the *from/thru* dates on the left-hand side of the form, and
- **1/01/14 and 12/31/14** as the *from/thru* dates on the right-hand side of the form.

Eligibility Verification Report

We are working on your claim.

Important Information

- Please complete and return VA Form 21-0516-1 (Improved Pension Eligibility Report (Veteran with No Children)) and VA Form 21-8416 (Medical Expense Report) for August 22, 2011 through August 21, 2012, and calendar years 2012, 2013, and 2014.

What Do We Still Need From You?

We need additional evidence from you. *Please put your VA file number on the first page of every document you send us.*

- We need more information about your nursing home costs. Please complete and return the enclosed VA Form 21P-8416, *Medical Expense Report*. We need this information to determine whether or not Medicaid covers all or part of the costs.

Eligibility Verification Report

We have received information from the Social Security Administration (SSA) concerning your Social Security income. The Social Security income you are currently entitled to is higher than the income we are counting on your VA Pension award.

Our records indicate that we are currently counting ~~\$1,592.20~~ in monthly SSA income. If the SSA income you are entitled to is higher, an adjustment to your VA Pension benefit is required. VA Pension is based on countable income and this increase in your Social Security benefits could result in a dollar for dollar reduction of your VA Pension.

Based on this information, we propose to reduce your VA Pension benefit payments effective January 1, 2022. This adjustment may result in an overpayment because the benefits have already been paid to you. If the proposed decision is implemented, you will be notified of the exact amount of the overpayment and given information about repayment.

Medical expenses you paid may be used to lower your income and increase the amount of your VA benefit or reduce an overpayment.

To claim medical expenses, please complete and return the enclosed VA Form 21P-8416, *Medical Expense Report*. In general, VA must receive your claim by the end of the calendar year that follows the year the expenses were paid (i.e., A claim for 2021 medical expenses must be received by December 31, 2022).

You may duplicate the form as needed to report each calendar year's medical expenses on a separate form. Please note that there is no time limit to submit expenses for the year in which an over payment applies.

What Do We Still Need from You?

We need additional information or evidence from you. Please send us a copy of your latest Social Security benefit statement effective December 1, 2021. Typically, SSA recipients are notified via mail of their increased monthly benefit amount in late December or early January of every year. This statement will show the effective date and the updated SSA income effective December 1 of the ending calendar year (example: December 1, 2021). In addition, SSA recipients who create an account online with SSA will have access to their benefit statements in December. For more information, please visit <https://www.ssa.gov/myaccount/>

Eligibility Verification Report

- WHAT TO REPORT AND WHAT NOT TO REPORT AS INCOME?
- 3.279 Statutory **exclusions** from income or assets (net worth or corpus of the estate).
- This section sets forth payments that Federal statutes exclude from income for the purpose of determining entitlement to any VA-administered benefit that is based on financial need. Some of the exclusions also apply to assets (pension), also known as net worth or the corpus of the estate (section 306 pension and parents as dependents for compensation). VA will exclude from income or assets any amount designated by statute as not countable as income or resources, regardless of whether or not it is listed in this section.

Eligibility Verification Report

- IF A CLAIM WAS SUBMITTED AND DENIED, AND THE CLAIMANT IS REAPPLYING WITHIN ONE YEAR THE VA MAY REQUEST AN EVR ALONG WITH A 20-0995
- LIBERALIZING LAW CLAIMS-VA CAN AWARD BENEFITS BACK ONE YEAR.

Medical Expense Report

- WHAT IS A MEDICAL EXPENSE REPORT?
- **3.278 Deductible medical expenses. Unreimbursed Medical Expenses.**
- (a) **Scope.** This section identifies **medical expenses that VA may deduct from countable income for purposes** of three of its needs-based programs: Pension, section 306 pension, and parents' dependency and indemnity compensation (DIC). Payments for such medical expenses must be unreimbursed to be deductible from income.

Eligibility Verification Report-Medical Expense Report

- THERE WILL BE TIMES WHEN THE VARO DIRECTS A CLAIMANT TO PROVIDE INFORMATION. THE VARO WILL USUALLY PROVIDE THE 21p-8416 WITH A SPECIFIC SET OF DATES THEY ARE REQUIRING INFORMATION.
- IF NO DATES APPEAR ON THIS LINE REFER TO THE ACCOMPANYING LETTER FOR THE DATES YOU SHOULD REPORT MEDICAL EXPENSES

Medical Expense Report

- USE VA FORM 21P-8416 TO REPORT **ALL** HEALTHCARE EXPENSES THAT YOU HAVE PAID.
- THESE MUST BE EXPENSES YOU WEREN'T REIMBURSED FOR AND DON'T EXPECT TO BE REIMBURSED FOR.
- WHEN IN DOUBT, REPORT THE EXPENSE AND LET THE VA MAKE THE DETERMINATION.

Medical Expense Report

- YOUR BENEFIT RATE IS BASED ON YOUR GROSS ANNUAL INCOME AND YOUR UNREIMBURSED, OUT-OF-POCKET PAYMENTS FOR MEDICAL EXPENSES.
- THE VA MAY BE ABLE TO PAY YOU A HIGHER BENEFIT RATE IF YOU IDENTIFY EXPENSES THAT THE VA CAN DEDUCT FROM YOUR INCOME.

Medical Expense Report

IX.i.3.D.2.a. Using VA Form 21P- 8416 When Development Is Needed

If development for medical expenses is needed, send the beneficiary **VA Form 21P-8416, Medical Expense Report.**

Notes:

- In a Parents' DIC or Section 306 Pension case, always develop for medical expenses using the calendar year period (January 1 through December 31).
- In a current-law pension case, the development period may be the **12-month initial year period or the calendar year period,** depending on which period medical expenses are claimed.

Medical Expense Report

MEDICAL EXPENSE REPORT

OMB Control No. 2900-0161
 Respondent Burden: 30 minutes
 Expiration Date: 10-31-2021



Department of Veterans Affairs

INSTRUCTIONS FOR MEDICAL EXPENSE REPORT

VA may be able to pay you a higher benefit rate if you identify expenses VA can deduct from your income. Your benefit rate is based on your income. Your out-of-pocket payments for medical and dental expenses may be deductible. Report any medical or dental expenses that you paid for yourself or for a relative who is a member of your household (spouse, grandchild, parent, etc.) for which you were not reimbursed and do not expect to be reimbursed. Below are examples of expenses you should include, if applicable:

- Hospital expenses
- Doctor's office fees
- Dental fees
- Prescription/non-prescription drug costs
- Vision care costs
- Medical insurance premiums
- Nursing home costs
- Hearing aid costs
- Home health service expenses
- Expenses related to transportation to a hospital, doctor, or other medical facility
- Monthly Medicare deduction

IMPORTANT NOTES

- Do not include any expenses for which you were or will be reimbursed. If you receive reimbursement after you have filed this claim, promptly notify the VA office handling your claim.
- If you are a veteran, VA can deduct allowable expenses paid by either you or your spouse.
- If you are not sure whether VA can deduct a payment for a particular expense, furnish a complete description of the purpose of the payment. We will let you know if we cannot deduct an expense.
- If you are claiming expenses for an in-home care provider or for assisted living or similar care, you *must* complete the appropriate worksheet on page 5 or 6 to determine whether VA may deduct all or some of your payments to the provider or facility.
- VA may require you to verify the amounts you paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of your claimed medical expenses when VA asks you to do so, your benefits may be retroactively reduced or discontinued.
- If you need more space to report expenses, attach a separate sheet of paper with columns corresponding to those on this form. Be sure to write your VA file number on any attachments.

FEES FOR CLAIMS: Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA11/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits provided under law. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine whether medical expenses you paid may be used to reduce the amount of income we count in determining eligibility to benefits (38 U.S.C. 1503), Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM
 OCT 2015 **21P-8416**

SUPERSEDES VA FORM 21P-8416, JAN 2017,
 WHICH WILL NOT BE USED.

Page 1

| Department of Veterans Affairs | | VA DATE STAMP (DO NOT WRITE IN THIS SPACE) | | |
|--|-----------------------------------|--|-----------------------------------|---|
| MEDICAL EXPENSE REPORT | | | | |
| 1. NAME OF VETERAN (First, Middle Initial, Last) | | | | |
| 2. SOCIAL SECURITY NUMBER | | 3. VA FILE NUMBER (if applicable) | | |
| 4. NAME OF CLAIMANT (First, Middle Initial, Last) | | | | |
| 5. CURRENT MAILING ADDRESS OF CLAIMANT (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country) | | | | |
| 6. CHANGE OF ADDRESS (Check box if address is different from last address furnished to VA) | | | | |
| 7. TELEPHONE NUMBER OF CLAIMANT (include Area Code) | | | | |
| 8. E-MAIL ADDRESS | | | | |
| 9. MILEAGE FOR PRIVATELY OWNED VEHICLE TRAVEL FOR MEDICAL PURPOSES | | | | |
| Report miles traveled to a hospital, doctor, or other medical facility in a privately owned vehicle (POV) such as a car, truck, or motorcycle. Itemize travel occurring between the date _____ and _____. If no dates appear on this line, refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (as 01/01/XXXXX thru 12/31/XXXXX). We will calculate the allowable deduction for your mileage based on the current POV mileage reimbursement rate for automobiles specified by the United States General Services Administration (GSA). NOTE: You may also claim deductions for other payments related to travel for medical purposes, such as taxi fares, buses, or other forms of public transportation. Report these types of medical travel expenses in Item 22. | | | | |
| A. MEDICAL FACILITY TO WHICH TRAVELED | B. TOTAL ROUNDTRIP MILES TRAVELED | C. AMOUNT REIMBURSED FROM ANOTHER SOURCE (Such as a VA Medical Center) | D. DATE TRAVELED (Month/Day/Year) | E. WHO NEEDED TO TRAVEL (Self, spouse, child) |
| | | | Month Day Year | |
| | | | Month Day Year | |
| | | | Month Day Year | |
| | | | Month Day Year | |
| | | | Month Day Year | |
| | | | Month Day Year | |
| | | | Month Day Year | |
| | | | Month Day Year | |
| | | | Month Day Year | |

IMPORTANT: Be sure to sign and date this form in Items 12A & 12B on page 4. Unsigned reports will be returned.

VA FORM
 OCT 2015 **21P-8416**

SUPERSEDES VA FORM 21P-8416, JAN 2017.

Page 2

Medical Expense Report

(If applicable)

9. MILEAGE FOR PRIVATELY OWNED VEHICLE TRAVEL FOR MEDICAL PURPOSES

Report miles traveled to a hospital, doctor, or other medical facility in a privately owned vehicle (POV) such as a car, truck, or motorcycle. Itemize travel occurring between the dates 07/16/2021 and 12/31/2021. If no dates appear on this line, refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX). We will calculate the allowable deduction for your mileage based on the current POV mileage reimbursement rate for automobiles specified by the United States General Services Administration (GSA).

NOTE: You may also claim deductions for other payments related to travel for medical purposes, such as taxi fares, buses, or other forms of public transportation. Report these types of medical travel expenses in Item 22.

| A. MEDICAL FACILITY TO WHICH TRAVELED | B. TOTAL ROUNDTRIP MILES TRAVELED | C. AMOUNT REIMBURSED FROM ANOTHER SOURCE (Such as a VA Medical Center) | D. DATE TRAVELED (Month/Day/Year) | E. WHO NEEDED TO TRAVEL? (Self, spouse, child) |
|--|-----------------------------------|--|-----------------------------------|--|
| UT Med Center, 1924 Alcoa Hwy, Knoxville, TN 37920 | 4.1 | 0 | Month Day Year 07/22/2021 | Self |
| UT Med Center, 1924 Alcoa Hwy, Knoxville, TN 37920 | 4.1 | 0 | Month Day Year 09/25/2021 | Self |
| UT Med Center, 1924 Alcoa Hwy, Knoxville, TN 37920 | 4.1 | 0 | Month Day Year 11/15/2021 | Self |
| Parkwest Med, 9352 Park West Blvd, Knoxville, TN 37923 | 11.6 | 0 | Month Day Year 8/06/2021 | Self |
| Parkwest Med, 9352 Park West Blvd, Knoxville, TN 37923 | 11.6 | 0 | Month Day Year 09/12/2021 | Self |
| Parkwest Med, 9352 Park West Blvd, Knoxville, TN 37923 | 11.6 | 0 | Month Day Year 09/29/2021 | Self |

IMPORTANT: Be sure to sign and date this form in Items 12A & 12B on page 4. Unsigned reports will be returned.

Medical Expense Report

| 11. ITEMIZATION OF MEDICAL EXPENSES | | | | |
|---|----------------|-------------------------------|--|--|
| IMPORTANT - If you are claiming expenses for care in an assisted living, adult day care, or a similar facility, you must complete the appropriate worksheet (page 6). Report medical expenses that you paid between the dates <u>07/16/2021</u> and <u>12/31/2021</u> . If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX). | | | | |
| A. MEDICAL EXPENSE (Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.) | B. AMOUNT PAID | C. DATE PAID (Month/Day/Year) | D. NAME OF PROVIDER (Name of doctor, dentist, hospital, lab, etc.) | E. FOR WHOM PAID (Self, spouse, child, etc.) |
| MEDICARE (PART B) | 1,782 | Month Day Year | Social Security | Self |
| MEDICARE (PART D) | | Month Day Year | | |
| PRIVATE MEDICAL INSURANCE | 288 | Month Day Year | Humana | Self |
| Assisted Living 07/16/2021-10/1/2021 | 7,200 | Month Day Year | Tent City Assisted Living | Self |
| Assisted Living 10/2/2021-12/31/2021 | 12,000 | Month Day Year | Manorhouse Assisted Living | Self |
| Prescription Co Pay | 759.86 | Month Day Year | CVS Pharmacy | Self |
| Prescription Co Pay | 1,500 | Month Day Year | Walmart Pharmacy | Spouse |

Medical Expense Report

| 11. ITEMIZATION OF MEDICAL EXPENSES (Continued) | | | | |
|---|----------------|-------------------------------|--|--|
| IMPORTANT - If you are claiming expenses for care in an assisted living, adult day care, or a similar facility, you must complete the appropriate worksheet (page 6). Report medical expenses that you paid between the dates <u>07/16/2021</u> and <u>12/31/2021</u> . If no dates appear on this line refer to the accompanying letter for the dates you should report medical expenses. If you do not have a letter, please report unreimbursed medical expenses on a calendar year basis (ex. 01/01/XXXX thru 12/31/XXXX). | | | | |
| A. MEDICAL EXPENSE (Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.) | B. AMOUNT PAID | C. DATE PAID (Month/Day/Year) | D. NAME OF PROVIDER (Name of doctor, dentist, hospital, lab, etc.) | E. FOR WHOM PAID (Self, spouse, child, etc.) |
| MEDICARE (PART B) | 1,782 | Month Day Year | Social Security | Spouse |
| MEDICARE (PART D) | 37.39 | Month Day Year | AARP | Spouse |
| PRIVATE MEDICAL INSURANCE | 288.59 | Month Day Year | Humana | Spouse |
| Dr Visit Copay | 75 | Month Day Year | UT Med Center | Self |
| Dr Vist Copay | 125 | Month Day Year | Parkwest Med | Spouse |
| Incontence Supplies | 487.69 | Month Day Year | Walmart | Self |
| Walker | 49.99 | Month Day Year 08/15/2021 | Amazon | Self |

Eligibility Verification Report-Medical Expense Report

- WHEN SUBMITTING A MEDICAL EXPENSE REPORT DUE TO AN OVERPAYMENT,
- SUBMIT **ALL POSSIBLE** MEDICAL EXPENSES TO INCLUDE TRAVEL. 38 CFR 3.272(g) **Exclusions from income; Medical Expenses**, M21-1, Part IX, Subpart iii, Chapter 1, Section G **Deductible Medical Expenses**
- 21P-8416 WILL MOSTLY LIKELY COVER LARGE TIME FRAMES.
- SUBMIT MULTIPLE 21-8416's BY CALENDER YEAR.

Eligibility Verification Report

b.
Reporting
Deductible
Expenses
to Reduce
Overpaym
ent

There is no time limit for submitting a report of deductible expenses to reduce or eliminate an overpayment in a pension account. However, the deductible expenses must have been paid during the same reporting period during which the overpayment was created.

It makes no difference whether the overpayment was created because of a change in income or a change in the maximum annual pension rate (MAPR). If the overpayment was previously repaid or recouped, deductible expenses can be used to issue a retroactive payment if the retroactive amount does not exceed the amount repaid or recouped. Otherwise, apply the time limits in 38 CFR 3.660(b) if the report of deductible expenses is submitted for the purpose of receiving retroactive benefits.

Eligibility Verification Report-Medical Expense Report

Example:

- A Veteran was paid pension during the initial year June 16, 2011, through June 30, 2012, based on reported income for Department of Veterans Affairs (VA) purposes (IVAP) of \$0.
- In 2013, an overpayment is created because the Veteran actually earned \$9,000 during the initial year.
- In 2015, the Veteran submits a report of medical expenses paid during the initial year.

Result: **Accept the report of medical expenses solely for the purpose of reducing the overpayment.** No retroactive benefits can be paid because the medical expense report was not submitted within 38 CFR 3.660(b) time limits. (The time limit in this situation was December 31, 2013.)

Eligibility Verification Report-Medical Expense Report

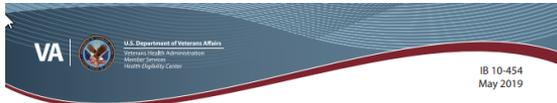
HOW DO YOU GET ALL THESE MEDICAL EXPENSES FROM THE CLAIMANT?

YOU CAN PROVIDE BLANK COPIES OF THE 21P-8416 OR PROVIDE THEM SOME SORT OF TEMPLATE TO GATHER THIS INFORMATION.

Medical Expense Report

| A | B | C | D | E | F | G | H | I | J |
|--------------------------------|----------|--|----------|---|-------|--------------------------------------|-------|--|--------|
| Assisted Living | | Moved into Nursing Home 6/1/2020 | | Prescription Co Pay Walmart Pharmacy | | Dr Visit Copay Dr Smith | | Travel to Dr Smith 12812 Kingston Pike Knoxville TN 37923 | |
| Jan | 3,500.00 | | | Jan | 36.00 | Jan | 30.00 | 1/15/20 | |
| Feb | 3,500.00 | | | Feb | 35.00 | Feb | 30.00 | 1/25/20 | |
| Mar | 3,500.00 | | | Mar | 45.00 | Mar | 45.00 | 2/17/20 | |
| Apr | 3,500.00 | | | Apr | 45.00 | Apr | 45.00 | 2/27/20 | |
| May | 3,500.00 | | | May | 55.00 | May | 30.00 | 3/3/20 | |
| | | Jun | 5,000.00 | Jun | 55.00 | Jun | 45.00 | 3/15/20 | |
| | | Jul | 5,000.00 | Jul | 55.00 | Jul | 45.00 | 3/25/20 | |
| | | Aug | 5,000.00 | Aug | 68.00 | Aug | 45.00 | | |
| | | Sept | 5,000.00 | Sept | 75.00 | Sept | 30.00 | | |
| | | Oct | 5,000.00 | Oct | 75.00 | Oct | 45.00 | | |
| | | Nov | 5,000.00 | Nov | 75.00 | Nov | 30.00 | | |
| | | Dec | 5,000.00 | Dec | 75.00 | Dec | 30.00 | | |
| TOTAL | | | | | | | | | |
| Dr Visit Copay Dr Jones | | Travel to Dr Jones 1000 N Central St Knoxville TN 37917 | | Incontinence Supplies-Walmart | | Over the Counter Meds-Walmart | | Medical Equipment-Lambert | |
| Jan | 25.00 | 1/10/20 | | Jan | 50.00 | Jan | 15.00 | Jan | |
| Feb | 25.00 | 2/25/20 | | Feb | 50.00 | Feb | 25.00 | Feb | |
| Mar | 25.00 | 3/5/20 | | Mar | 50.00 | Mar | 15.00 | Mar | |
| Apr | 25.00 | 4/10/20 | | Apr | 50.00 | Apr | 30.00 | Apr | |
| May | 25.00 | 5/6/20 | | May | 50.00 | May | 25.00 | May | 150.00 |
| Jun | 25.00 | 6/23/20 | | Jun | 50.00 | Jun | 35.00 | Jun | |
| Jul | 25.00 | 7/23/20 | | Jul | 50.00 | Jul | 80.00 | Jul | |
| Aug | 25.00 | 8/6/20 | | Aug | 50.00 | Aug | 50.00 | Aug | |
| Sept | 25.00 | 9/20/20 | | Sept | 50.00 | Sept | 50.00 | Sept | |
| Oct | 25.00 | 10/5/20 | | Oct | 50.00 | Oct | 60.00 | Oct | |
| Nov | 25.00 | 11/10/20 | | Nov | 50.00 | Nov | 65.00 | Nov | |
| Dec | 25.00 | 12/8/20 | | Dec | 50.00 | Dec | 50.00 | Dec | |
| TOTAL | | | | | | | | | |

Eligibility Verification Report-Medical Expense Report IB 10-454 MEANS TEST



Quick Reference Guide Income and Assets for Financial Assessment

Income: Payments from any source unless specifically excluded. The following sources of income are counted for the purposes of completing the financial assessment (means test):

Count:

- Alimony
- Allowances
- Benefits Subject to Garnishment
- Complaint Settlement
- Cooperative (Co-op) Dividends
- Department of Labor Employment Programs
- Dependency and Indemnity Compensation – This benefit program pays a monthly payment to a surviving spouse, child, or parents of a deceased military service member or Veteran.
- Farm Income/Conservation Resource Program Payments
- Foreign Currency Conversion
- Gambling/Lottery Winnings
- GI Bill
- Gifts and Inheritance of Property or Cash (The fair market value of gifts or inherited property is countable in the year they are received)
- Individual Retirement Account (IRA) Distributions
- Interest and Dividends
- Life Insurance Proceeds (Death Benefit paid to Veteran or spouse)
- Net Profits and Depreciation from Business, Farm and Ranch, Real Estate, Partnership, and S Corporations (Depreciation is added back in as income)
- Other Income (Prizes/Awards, Inheritances)
- Payments from Stocks and Bonds, Capital Gains
- Pensions, Annuities, Railroad Retirement
- Revocable Trust
- Royalties (Books, Music, Art, etc.)
- Settlements:
 - Alaska Native Claims Settlement Act (amounts **exceeding** \$2,000 per individual per annum - including cash dividends on stock received from a Native Corporation)
 - American Indian Beneficiaries from trust or restricted lands (amounts **exceeding** \$2,000 per individual per calendar year)
- Social Security Benefits and Death Benefit Payment (including retroactive Lump Sum Payment from previous years)

- VA Disability Compensation – For the purposes of completing a financial assessment, the gross household income for a Service-connected Veteran who is receiving VA disability compensation and is married to a Non-service-connected Veteran who is completing the financial assessment, VA disability compensation benefits would be countable income for the household
- Value of Room and Board/Housing Allowances
- Wages (Employment), Salaries, Bonuses, Severance Pay, Tips, and Other Accrued Benefits, etc.
- Workers Compensation

NOTE: The above list is not all inclusive.

The following sources of income are not counted for the purposes of completing the financial assessment (commonly known as a means test):

Do Not Count:

- Caregiver Payments
- Chore Service Payments
- Crime-Victims Compensation Act Payments
- Disaster Relief Payments or Proceeds of Casualty Insurance
- Discharge of Indebtedness
- Federal Emergency Management Agency (FEMA) Disaster Insurance Payments
- Federal Government Sponsored Economic Stimulus Refunds
- Foster Care Payments
- Income from Domestic Volunteer Service Act Program
- Income Tax Refunds
- Loans (Reverse Mortgages)
- Maintenance
- Needs-Based Payments from Government Agency
- Payments for participation in a program of Rehabilitative Services
- Provisional Income
- Relocation Expenses
- Scholarships and Grants from school attendance
- Settlements:
 - Agent Orange
 - Alaska Native Claims Settlement Act (income of up to \$2,000 per individual per annum - including cash dividends on stock received from a Native Corporation)
 - American Indian Beneficiaries from trust or restricted lands (income of up to \$2,000 per individual per calendar year)
- VA Pension Payments
- Welfare, Supplemental Security Income (SSI), Compensated Work Therapy (CWT), Incentive Therapy (IT) earnings
- Withheld Social Security Overpayments

NOTE: The above list is not all inclusive.

Deductible Medical Expenses: May be used to reduce other countable income for purposes of increasing pension benefits. In order to be deducted from income, out-of-pocket non-reimbursed medical expenses must exceed 5% of the VA Maximum Annual Pension Rate for the previous year.

VA National Income Thresholds link:

<https://www.va.gov/HEALTHBENEFITS/apps/explorer/AnnualIncomeLimits/HealthBenefits>

The list below shows many of the common deductible medical expenses.

Note: This list is not all inclusive. Allow all expenses that are directly related to medical care.

- Abdominal supports
- Acupuncture service
- Ambulance hire
- Anesthetist
- Arch supports
- Artificial limbs and teeth
- Back supports
- Braces
- Cardiographs
- Chiropracist
- Chiropractor
- Convalescent home (for medical treatment only)
- Crutches
- Dental service, for example, cleaning, x-ray, filling teeth
- Dentures
- Dermatologist
- Drugs, prescription and nonprescription
- Gynecologist
- Hearing aids and batteries
- Home health services
- Hospital expenses
- Insulin treatment
- Invalid chair
- Lab Tests
- Lip reading lessons designed to overcome a disability
- Lodging incurred in conjunction with out-of-town travel for treatment (to be determined on a facts-found basis)
- Medicare Premiums, Parts B & D
- Medical Insurance Premiums
- Neurologist
- Nursing services for medical care, including nurse's board paid by claimant
- Occupational therapist
- Ophthalmologist
- Optician
- Optometrist
- Oral surgery
- Osteopath, licensed
- Pediatrician
- Physical examinations
- Physician
- Physical therapy
- Podiatrist
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium therapy
- Sacroiliac belt
- Seeing-Eye dog and maintenance
- Speech therapist
- Splints
- Surgeon
- Telephone/teletype special communications equipment for the deaf
- Transportation expenses for medical purposes (41.5 cents per mile effective January 1, 2009, plus parking and tolls or actual fares for taxi, buses)
- Vaccines
- Wheel-chairs
- Whirlpool baths for medical purposes
- X-rays

Questions?

